

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

For Office Use Only:

Aquifer: _____
Well #: S 18
L. S. Elevation: _____
E-log #: _____

County: Copiah
Permit #: _____
Driller: GRENN WATER WELL & SUPPLY, INC.
Date drilling completed: 9-25-12

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Lester Lowery</u>	Latitude: <u>31° 44' 54"</u> Longitude: <u>90° 48' 55"</u>
Mailing Address: <u>4112 Hwy 28</u>	Method of Lat/Long (circle one): <u>Conventional Survey</u>
<u>Hazlehurst MS 39083</u>	USGS quad, <u>Hand-held GPS</u> , Survey-grade GPS
City State Zip Code	<u>NE 1/4 NW 1/4 Sec 33 Twn 9N Rng 5E</u>
Telephone No. <u>(601) 748-2050</u>	SW SE 14 Distance Direction Nearest Town <u>3 Miles E of Pleasant Hill</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: _____
Date well drilling started: 9-25-12 Date well drilling completed: 9-25-12
If flowing, method of flow regulation: Valve _____ Other (describe) _____
Static Water Level: 139 feet above or below (circle one) land surface Date measured: 9-25-12
Method of Measurement (circle one) steel tape electric tape air line other: _____
Hole depth: 227 Well depth: 220 Well grouted to a depth of 10 feet
Type of grout (circle one): Cement Bentonite Mix
Casing length: 210 feet Casing diameter: 4 inches Type of casing: PVC
Screen length: 10 feet Screen diameter: 4 inches Type of screen: PVC
Screen slot size: 1010 inches Setting depth: From 210 feet to 220 feet
Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____
Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page
Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

GRENN WATER WELL & SUPPLY, INC.
BRIAN D. McCLENDON, UNR-00000664

Brian McCleendon
Signature of Water Well Contractor

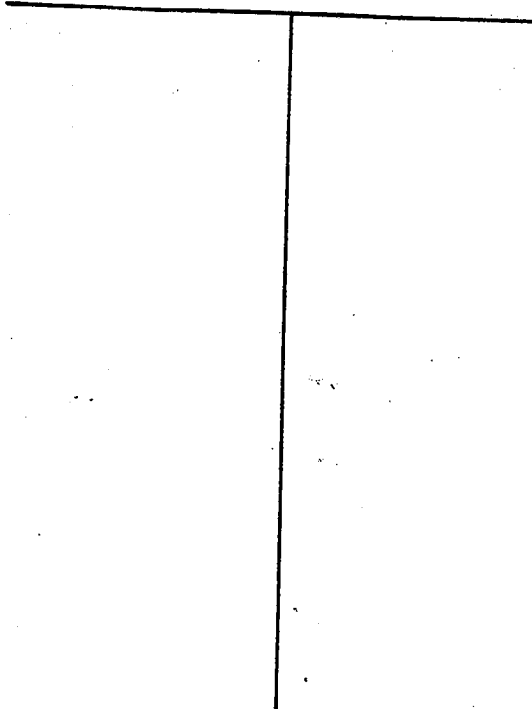
Print Name of Water Well Contractor and License No.

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BY: OLWR

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If well telescopes please sketch below and show depths.

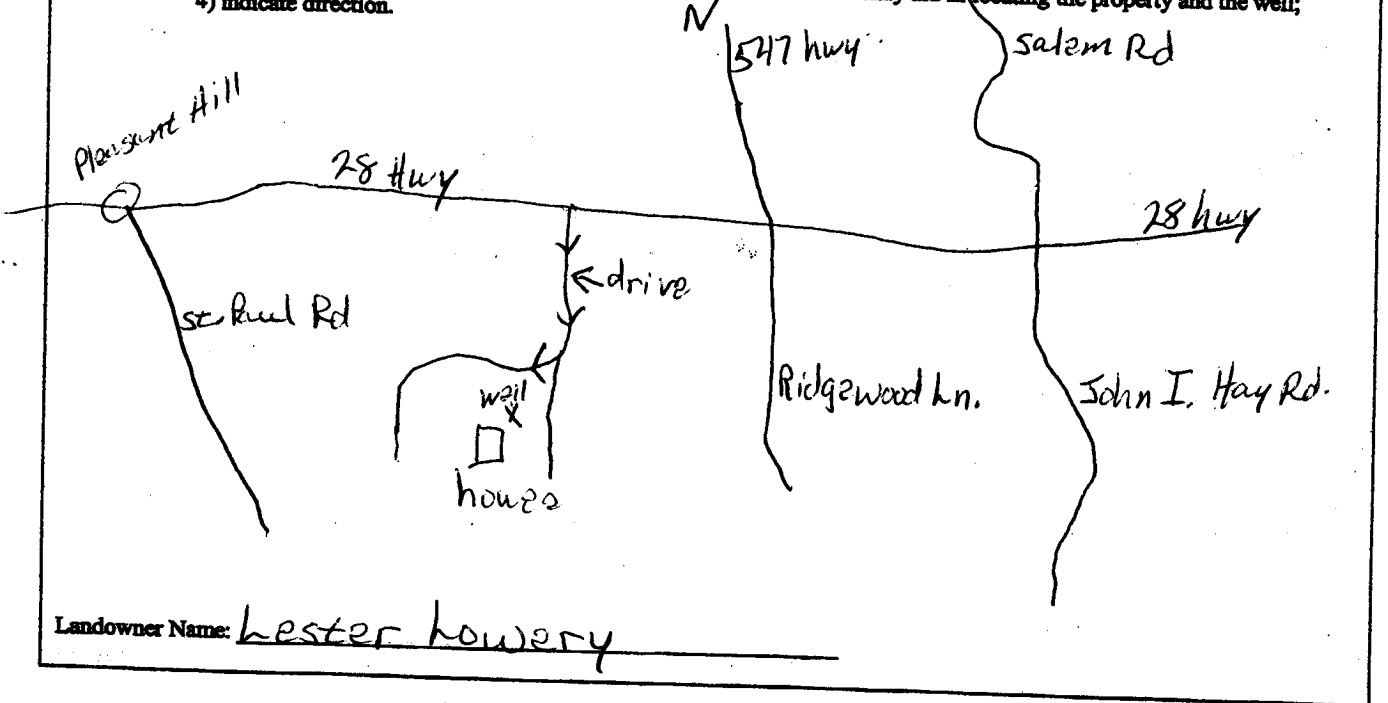
Ground Level



Description of Formations Encountered	From	To
red clay	0	21
sand	21	26
white clay	26	30
sand	30	59
white clay	59	87
blue clay	87	170
white clay	170	184
sand	184	220
blue clay	220	227

If more than one screen, show location of each on sketch

Sketch the property layout and include the following: 1) the well location; 2) any permanent structures on the property that may aid in locating the well; 3) any roads, power lines, or other items that may aid in locating the property and the well; 4) indicate direction.



Brian McClendon 664
Signature of Water Well Contractor

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:

Aquifer: _____

Well #: 518

Elevation: _____

County: Copiah
 Permit #: _____
 Driller: GREENN WATER WELL & SUPPLY, INC.
 Date completed: 10/4/12

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Lester Lowry
 Mailing Address: 4112 Hwy 28
Hazlehurst, MS 39083
 City State Zip Code
 Telephone No. (601) 748-2050

Well Location

Latitude: 31° 44' 54" Longitude: 90° 48' 45"
 Method of Lat/Long (circle one): Conventional Survey
 USGS quad, (Hand-held GPS), Survey-grade GPS
NE 1/4 NW 1/4 Sec 23 Twn 9N Rng SE
 SW SE Direction 14 Nearest Town
3 Miles E of Pleasant Hill

Pump Type
Circle one

Air Lift Jet Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well
 Other (specify): _____
 Date Pump Installed: 10/4/12
 Rated Pump Capacity: 16 Gallons Per Minute

Power Type
Circle one

Diesel Engine Gasoline Engine Natural Gas
Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____
 Horse Power Rating of Motor: 1 1/2
 Setting Depth: 210 feet
 Number of Stages: 14

Pump Test Data

Date Well Tested: 10/4/12
 Static Water Level (A): 139 Feet Below Land Surface
 Pumping Water Level (B): 180 Feet Below Land Surface
 Drawdown [(B) - (A)]: 41 Feet Below Land Surface
 Test Pumping Rate: 17 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level
Circle one

Air Line Electric Measuring Line Steel Tape
 Other (specify): _____
 For flowing well, measured shut in head: _____ feet
 Well yielded 17 GPM with a drawdown of
41 feet after 4 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

WILLIAM L. HARDIN, V, UNR-00000802 (William) Clay Hardin
 Print Name of Pump Installer and License No. (if applicable) Signature of Pump Installer

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OCT 15 2012

BY: OLWR